# CITY OF STAMFORD
## Office of Operations
## Cashiering and Permitting Division

888 Washington Blvd.
Stamford, CT. 0690, Ground Floor
P: 203-977-4140

# 1 DAY-PERMIT TO VEND

Vending Date:

Name of Owner

Business Address

City State Zip Code

Phone Number

Event Name Event Date

Event Location

Address

City State Zip Code

Country

Name of Individual Operator if Different form Owner:

Last Name First Name

Phone Number of Operator

Vehicle or Table Make of Vehicle Color

License Plate Number

Health Department Permit Number (Copy Required) Expiration Date

Products to be Vended, Food, Soda, Ice Cream, etc.:

Signature Field Date

Approved by Police Dept.

Permit No. Date Issued

Date/Time Field

Signed By:

*Signature of Cashiering & Permitting Division Official*

Print Form Reset Form